

FILED JUN 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 018 056
STATE FILE NUMBER

Registration District No. 287 Primary Registration District No. 3048 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Stanberry, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St. Francis Hospital		Length of stay in 1b 3 mos.		d. STREET ADDRESS 331 Main St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mrs. Jennie Sager				4. DATE OF DEATH May 30 1957			
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 31 1878	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	
11. BIRTHPLACE (City and state or country) Gower, Mo.				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME James W. Roberts				14. MOTHER'S MAIDEN NAME Diana McClintock			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address Mr. John R berts Stanberry, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebro arteriosclerosis DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Similarity						INTERVAL BETWEEN ONSET AND DEATH 3	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from March 11 1957 to May 30 1957 and last saw her alive on May 30 1957 Death occurred at 11/30 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE B. F. Bland		(Degree or title)		22b. ADDRESS 1315 Main Maryville, Mo		22c. DATE SIGNED 6/5/57	
23a. BURIAL-CREATION. burial		23b. DATE 6/1/57		23c. NAME OF CEMETERY OR CREMATORY High Ridge		23d. LOCATION (City, town, or county) (State) Stanberry, Mo.	
24. FUNERAL DIRECTOR Phillips Mortuary Stanberry Mo.				25. DATE RECD. BY LOCAL REG. 6-8-57		26. REGISTRAR'S SIGNATURE Bessie Bolt	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~embalmer~~....., ~~Student Embalmer No.~~
working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed.....

Victory Y. Phillips
~~Licensed Embalmer No.~~

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.